Approved for use through 1/1 17000 OMB ON 1000 Chose are between Bednation and 1860 to betrook the tention of a softention of information motive & disperse a raid Civil control import. U.S. Paleris and Tradement Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Subditure for Form PTO-876. Bliedive December 8, 2004 APPLICATION AS FILED - PARTI. (Column 1) OTHER THAN SMALL ENTITY (Coimin 3) ÓR SMALL ENTITY FOR KUMBER FILED HUMBER EXTRA RATE (\$) BASIC FEE FEE A RATE (\$) NA FELLI (27 CFR 1 1641) (6) a (6)) H/A HVA 150.00 BEARCH FEE NIA 300.00 NVA (37 CFA 1 16(N. 14, or 1m) . N/A NA \$250 EXAMINATION FEE NIA \$600 (27 CFR 1 1619, (p), or (q)) : NVA N/A W \$100 TOTAL CLAIMS 137. OFR 1 16(0) NA \$200 MINUS 20 . X\$ 25 INDEPENDENT CLAIMS X\$50 ÓR 127 CER 1 THINI X100 = C num X200 001 besoxe agnivand bus notisoficed entitle APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small enlity) for each additional 50 sheets or fraction thereof. See 137 CFR 116(4) 35 U.S.C. 41(a)(1)(Q) and 37 CFR 1;16(s) MULTIPLE DEPENDENT CLAIM PRESENT OF CFR I 1641 +160= +360m t the difference in column 1 is less than zero, enter "o" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) OTHER THAN (Column 2) (Column 3): SMALL ENTITY OR CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (1) AFTER MENOMENT ADDI-PREVIOUSLY EXTRA RATE(\$) ADOI: TIONAL FEE (\$) PAID FOR TIONAL FEE (1) pi cra Liego Minus X\$ 25 X\$50 OR Minus DI CHU CHUT BUSEDEVQEUS X100 X200 Application Size Fee (37 CFR 1.16(s)) OR frest presentation of multiple dependent claim. (DT CFR 1.160) **+180**≈ +360a OR TOTAL TOTAL. ADD'L FEE C)EI ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 0 REMAINING. NUMBER PRESENT RATE (\$) AFTER. ADDI-PREVIOUSLY EXTRA RATE (\$) TIONAL ADOI-PAID FOR TIONAL FEE (1) Tolel-FEE (1) Minus X\$ 25 X\$50 thoupendent . OR Minus +++ X100 X200. Application 5 tx 6 F40 (37 CFR 1.16(8)) OR fart presentation of multiple dependent claim (at CFR 1.160) **+180**= +860z ØŘ TOTAL If the entry in column 1 is less than the entry in column 2, write "or in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

It is "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

In "Highest Number Previously Paid For" (Total or Independent is the highest number found in the sprigordials box in column 1.

In "Highest Number Previously Paid For" (Total or Independent is the highest number found in the sprigordials box in column 1.

In "Highest Number Previously Paid For" (In This SPACE is less than 3, enter "3".

In "Highest Number Previously Paid For" (In This SPACE is less than 3, enter "3".

In "Highest Number Previously Paid For" (In This SPACE is less than 3, enter "3".

In "Highest Number Previously Paid For" (In This SPACE is less than 3, enter "3".

In "Highest Number Previously Paid For" (In This SPACE is less than 3, enter "3".

In "Highest Number Previously Paid For" (In This SPACE is less than 3, enter "3".

In "Highest Number Previously Paid For" (In This SPACE is less than 3, enter "3".

It is the spring In this spring In the spring In the spring In this spring In the spring In this Space In this less than 3, enter "3".

It is the spring In this sp TOTAL **OR** ADD'L FEE

if you need assistance in completing the form, call 1.800. PTO-9188 and select option 2